

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13984

State File No.

3353

Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4461 Neosho St.				e. STREET ADDRESS (If rural, give location) 15 4461 Neosho St. 2159			
3. NAME OF DECEASED (Type or Print)		a. (First) HARRY		b. (Middle) G.		c. (Last) VOLLMER	
4. DATE OF DEATH (Month) (Day) (Year) Apr. 13 1955		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 28, 1892		9. AGE (In years last birthday) 62		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). Supervisor-Sligo Inc.				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME George Henry Vollmer		13b. MOTHER'S MAIDEN NAME Margaret Kupferer		14. NAME OF HUSBAND OR WIFE Edna Myra Vollmer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edna M. Vollmer 4461 Neosho St.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma (Cancer) of the		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Stomach with General Metastasis 3 Mo. DUE TO (c)					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION Jan. 29 1955		19b. MAJOR FINDINGS OF OPERATION Cancer of Stomach				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 151X			
22. I hereby certify that I attended the deceased from Jan. 1st, 1955 , to Apr. 13, 1955 , that I last saw the deceased alive on Apr. 12, 1955 , and that death occurred at 6:45P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. A. Walters M.D.				23b. ADDRESS 3608 S. Grand Blvd.		23c. DATE SIGNED 4/14/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Apr. 16, 1955		24c. NAME OF CEMETERY OR CREMATORY St. Paul Churchyard		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG. APR 14 1955		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.			

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Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.